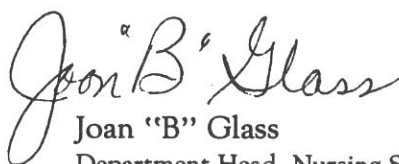


USNS MERCY

27 FEBRUARY - 13 JULY 1987

The following are thoughts and recollections of some of the crew aboard the USNS MERCY during her first humanitarian training mission. Special thanks to LCDR Karla Hanley, NC, USNR-R and LCDR Suzan Mader, NC, USN for their assistance in the preparation of our diary.

A handwritten signature in cursive script that reads "Joan 'B' Glass". The signature is written in dark ink and is positioned above the printed name and title.

Joan "B" Glass
Department Head, Nursing Services
USNS MERCY

PROLOGUE

.... And when President Reagan offered to help and support Philippine President Aquino in her effort to help her country and provide medical care to indigents, little did we know that we would be a part of that endeavor. It began (or so we thought) as a "paper exercise" on some Tuesday in August 1986. The Cadre crew officers were asked to "jot down" some essentials that would be needed to supplement the AMAL of the not yet commissioned hospital ship to prepare it for a Humanitarian Training Mission (HTM). Then, after the newly converted oil tanker was named in November 1986, the rumblings became louder and more precise until finally, the USNS MERCY received her orders—along with about 650 others—an HTM to the Republic of the Philippines. The health, education and care of the people in the Philippines were addressed and surveyed by advance medical teams and the most impoverished areas were selected. The USNS MERCY set sail from San Diego, California, on 27 February 1987.

In keeping with Navy tradition, logs, personal diaries, and journals were laden with thoughts, ideas, feelings, happenings, etc. Journal entries allude to devastating diseases, bizarre deformities and overwhelming numbers of people in need; however, there are minimal detailed descriptions. Journal excerpts reveal an extraordinary focus on liberty. It is really so much easier to relate fun times, good times, happy times, and escape times when trying to erase the realities of the day from one's mind. The phenomenal number of hours worked are not highlighted in these journal entries, or given top billing because we were there—we know how hard we worked. We expected a great deal from ourselves and from our colleagues; we depended upon each other to give 100%. We lived up to the expectations

that we had for one another. We have developed an incredible respect and a true professional admiration for our crew which will not be easily surpassed. We all know what we saw and experienced; how we handled it and how frustrated we were over it; how very much we cared, and how painful it was at times. But for those of you who were always on our minds and in our hearts, we want to provide an overview of the working endeavor that seemed to consume our every waking moment.

Depending on the port and where we were anchored, musters were early or earlier! Never time to sleep in! The chow hall routinely re-adjusted their hours to accommodate early breakfasts, and late dinners, not to mention "carefully" prepared daily box lunches. The boatcrew started shuttling everyday at 0630, and they always managed to get us, our clinic AMALS, and our potable water to the MEDCAP site to start triage by 0730. We were always greeted by thousands of patients in the staging area, many of whom had slept there throughout the night, and sadly, many who were never seen or treated. We treated between 1000 and 1500 patients every day—but there were always more—in droves—begging to be seen, imploring us to take their child, fix it, do something! The poverty, the blatant deformities, the smells of these disease-ridden people are forever embedded in our beings. We did what we could, we cared about them and for them, helped them, treated many and silently cried for so many others. We did this for 75 days. Yes, we were tired and drained, but our commitment never wavered—we gave it our best!

Hundreds of patients were brought to the ship for surgery. Cleft lips were reconstructed, 5 to 10-year-old tumors were removed and cataract extraction allowed some to see the sunrise for the first time in years.

The Operating Room, the Recovery Room and Ward staff also began each day at 0630. Each night at dinner, the chow hall became the meeting place to hear about each other's day, to commiserate, to learn, to listen, to question, to make plans for the next day. The days, more often than not, continued into the

evening—admitting patients to the ward, replenishing MEDCAP AMALS, meeting and preparing pre-op patients, checking on post-ops, burning volumes of trash and preparing and reprocessing instruments and sterile gear for use the following day. The specific day of the week quickly became irrelevant because everyday was a work day. When the workload permitted, we were each detailed one day off per port; this of course, meant an even greater effort on the part of those working. We cared enough about each other to give that little extra—a gift we gave ourselves.

We gave so much—but—we received a priceless bounty! We were touched, thanked, cried over, kissed, hugged—catered to, in so very many special ways.

We returned home 13 July 1987, having shared many intimate, caring, precious moments. Knowing full well that they are so difficult to put into words, but also knowing that the memories of this voyage will forever remain within our hearts.

The Adventure Begins . . .

FIRST IMPRESSIONS

27 FEBRUARY 1987

It's so big and so white! The red crosses alone dwarf the person standing next to them in the 3x5 glossy sent home to family and friends. We will all be a part of this crew. We will all live and work together there these next five months. Most of us don't know anyone else aboard. The USNS MERCY commands everyone's attention in downtown San Diego. It has upstaged and challenged any sight Broadway Pier has to offer. How proud we are when people stop to ask about it and we can say we are a part of her crew!

San Diego liberty—Bernies and all the nice restaurants to try. Shop, shop, shop—we will be at sea for three weeks before we can resupply. Every exchange is visited several times for those last minute items we just *might* not be able to live without!!

It's just as big inside. A thousand-bed hospital with all new equipment, tied down and ready for sailing. Awesome!!! Everything is done from scratch—setting up wards, writing S.O.P.'s, and stocking supplies. We can already tell this will be an experience of a lifetime.

We load supplies until the hour before departure. There are final presentations on the pier to wish us well. Aboard the USNS MERCY, a very special presentation was made to Capt. Hosey, MSC, Ship's Master; Capt. Sturtz, C.O. Medical Treatment Facility; and Capt. Glass, Department Head, Nursing Services; they received the last hospital flag flown over the hospital ship USS REPOSE. It was of particular significance to Capt. Glass who served on the REPOSE some 20 years earlier. There isn't a dry eye in the crowd!

THE VOYAGE OVER 27 FEBRUARY - 18 MARCH

We're underway—cold Navy showers, evening prayers, “retarded clocks,” popcorn, and dormitory life again.

Navigation classes, aerobics classes, Medicine Department lectures, cultural awareness classes, weight room training, karate classes, nursing procedures classes, safety lectures . . . in just 3 weeks, the education department delivered 692 classes to 4,329 people. They created 20 video tapes which will later be recopied en masse for presentation to various schools at each of our 7 ports. 48,000 copies were produced by one copy machine. This is the amount normally copied in a 6-year-period, according to the manufacturer.

Never to forget—the smell of hot cinnamon on the flight deck at sunrise, beautiful sunsets, incredible stars, dolphins and whales off port and starboard, luminescent water under the bow. “Steel Beach,” a dance in Casualty Receiving, our own newspaper “The Pulse,” Cruise book photos, Mercy hats, “CLUB MERCY” and the end of “CLUB MERCY.” Clean the ship, man the lifeboats. We experience 22 degree rolls in 30 foot seas, 16,000 feet of water below and 450 miles traveled a day. Scopolamine patches, dramamine tabs and “Rack Ops” are in order.

A lost Monday, Hawaii in the distance, Guam in the distance, what day is it anyway? “Flight Quarters, Flight Quarters.” It's 14 March and it's “Mail Call, Mail Call.” We have our own Helo, we have passed the International Date Line and we are now GOLDEN DRAGONS.

We “aid” a vessel in distress. Our chloroquine regimen

begins and continues every Monday in an effort to keep us free from malaria. Monday, fondly known as "Pink Pill" day, also serves to keep us oriented to the days of the week. Ernie comes aboard to prepare us for culture shock. Assignments are made to our wards and clinics. We work on our first patient—a galley crew member with a severe laceration of his hand. Our first real hospital admission—we hope we are ready, and we are! Surgery works like a charm and the recovery room and ward are right on top of things.

A map in the ward room plotted for Nicaragua?? Just a joke, we're told. "MAN THE RAILS," we are in Subic Bay, Philippines.

SUBIC BAY—OUR FIRST PORT 18 TO 28 MARCH

How exciting to see the brow down with land and trees outside! First priorities, the exchange and the pool, then dinner off the ship with great live entertainment and dancing at the "READY ROOM." Our first calls are made home. We are about a day and a half ahead of state-side time. So what, if we wake them up at 0213!, they are so happy to hear our voices and know we have arrived safely. How far away we feel without newspapers and daily communication from home. It's so important to have our family and friends' support.

Culture shock is right. Walking over the "Perfumed River" to Olongapo is quite an unsettling experience. Kids are actually in this fetid river diving for pesos. Vendors are everywhere calling, "Hey Joe, sunglasses real cheap, cigarettes? gum?" Jeepneys crowd the street with ten-twenty-thirty people aboard. The question of the day is how many people can you fit into a jeepney? The answer—one more. A sign overhead welcomes us—The Mercy Hospital Ship—to Olongapo with a big "Mabuhay," meaning hello, welcome and good-luck. We will need it.

The poverty we see as we walk around the town is overwhelming. The crude living conditions, the horrible deformities, and soon we will be trying to help them with their health problems. One of our doctors takes a tricycle ride and is robbed at knife point, and tomorrow these same people will be receiving medical care from us.

The open market is so hot and crowded. Flies swarm over the fish and meat. Girls sit together picking lice out of each other's hair while waiting for customers. "Hello Mum," "Peso Mum,"

—we learn to bargain. “Cal Jam,” “Radio City,” “Marylins,” “L-Tavern,” the “Peso Lady,” and bar fines—everything has a price.

Sixty-three doctors, sixty-five nurses, 215 medical/dental technicians from the Navy, Army, Air Force and Public Health Services comprise our staff. Some are reservists on Active Duty for the mission. We are now joined by the Armed Forces of the Philippines (AFP) Medical Personnel. Will we be any match for the obvious problems we will face?

We are ready for our first patients to arrive on the ship following a quick trip to the exchange to purchase baby bottles, pajamas, and toys, funded by the E-6 association and other private donations. PEDS/ICU is ready to give care. We have no cribs yet or children’s beds, but the ICU gurneys can be lifted from their frames and placed on foot stools on the deck. We are sure this creative adaptation was not thought of when these beds were purchased but it works!

Patients are transported to the ship for admission. Casualty reception becomes an efficient, well-organized admission area. The coordinated efforts of Hospital Administration Personnel and Nursing Service enables the frightened or skeptical patient to feel comfortable, cared for, and safe.

On the intermediate care ward—IMC—the patients file in for surgery in the morning. We now realize patient admissions, without our AFP colleagues, would be extremely difficult. The Filipino people don’t seem to mind the top bunks and prove to be very adaptable. How do you explain the disclosure tabs that they find in their complimentary dental kits? IV’s on the top bunk are infused with the help of blood pressure cuffs because there is not enough height for gravity to infuse them. There are no privacy curtains, and men and women share the same ward. The problems of using a combat casualty ship for a Humanitarian Mission become apparent in many ways. But we all adapt.

At the MEDCAP (Medical Dental Civic Action Program), 850 patients are seen the first day in hot, dusty tents; 7000 people wait outside the base to be screened for entry. The Pediatric Clinic notices all their patients have temperatures over 100 degrees. Maybe it's too hot for accurate temperatures with a digital thermometer? Maybe blood pressures and pulses on all patients are unnecessary. Thanks to our SeaBees and Medical Repair Department, we do have electricity, field sinks and running water in each clinic, x-ray capabilities, dental and on and on. We are tasked with reminding each other to drink a glass of water every twenty minutes. Kumusta = Hello; Upo dito = Please sit here; Masakit = Pain, but they answer in Tagalog too!!! Thank Heaven for our volunteers who live in the area.

As we see and treat more and more patients each day at the MEDCAP—1070, 1200, 1570 . . . cleft lips, cataracts, goiters, nasal polyps and gyn surgeries are referred to the ship. The Operating Room and Anesthesia crews on board are now tasked with beginning surgery each day at 0630 and ending when the schedule is completed. No more 4 hour thyroidec-tomies with one staff physician, 2 residents, 3 interns and 1 extern! This mission demands 6-8 surgeries in one O.R. in one day with one crew with one box lunch special, multiplied by 5 rooms yields 25 to 28 surgeries per day. This produces huge amounts of unsterile gear and tons of trash, usurps volumes of supplies, keeps CSR gainfully employed until midnight each night preparing and reprocessing the same gear for use 7 hours later. However, all of this results in many "satisfied customers" whose lives are dramatically altered and improved.

23 MARCH "I had breakfast with Lt. Ronald Kirkconnell, NC US ARMY this morning. He was so excited about flying to Baguio with the helicopter crew. This afternoon Capt. Sturtz announced over the 1-MC that the chopper went down and there were no survivors. Can it be possible? I just saw him at breakfast. I feel so empty, so vulnerable. Our chopper and crew—they brought us our mail, our first contact with home—is gone. We were so proud to have our own bird with USNS

MERCY on the side. It is hard to look at the pictures we took of this happy crew arriving just ten days before." How sad we are for their families. Lt. Bob Bianchi, Ltjg Andy Pruitt, Lt. Ron Kirkconnell, and AT1 Doug Groll. A memorial service is held in their honor. The Base Chapel overflows with the MERCY crew. We will miss them.

Shift work, long hot days in the field, lumpia, lapu-lapu, and pancit-canton will be the mainstays of our lives the next three months. As we return to the ship, the taxi driver asks us if there is a problem with the ship. From the street you can see the markings on the flight deck. It looks like we are leaning on the dock. The MSC crew will be working all night shifting the ballast.

BEAUTIFUL LEGAZPI 29 MARCH - 8 APRIL

We are off to a new port and this time with the USNS SIOUX. It will be nice to travel with a friend from now on.

Legazpi is beautiful. We are met by the magnificent smoking Mayon Volcano. It hasn't erupted since 1814 and we feel we are at a safe distance on the ship. Our new helicopter crew arrives. They cannot land at the shore site at first, because the Air Traffic Control Tower doesn't answer. We're behind schedule already. The stairs and floating pier seem to work well. The Ladies' Auxilliary host a reception that evening. There is no transportation on the pier, and a cold San Miguel or two comes to the rescue for many who waited.

The MEDCAP site is next to a jungle. It's in a school with a tall Banyan tree outside. We are cautioned not to sit under it, because snakes sometimes fall out of it????!! A whole string of vendors set up stands to sell us lunch and handicrafts. Some of the crew pass on the ship's box lunches to the crowd and try the local cuisine. For some, this is a mistake.

The temperature rises to 102 degrees and 86% humidity by noon, but this doesn't dampen the spirits of our volunteers. They are student nurses who are always dressed in clean, white starched uniforms. How can they stay so clean in all the dust?? Everyone carries a handkerchief and often will speak with the handkerchief covering their mouths. It's so strange to see all the Filipino people spitting. Even our dainty and immaculate student nurses spit in the dust without a thought. They often walk hand-in-hand or with their arms around each others' waists. It is so difficult not to stare and we wonder what we do that is "strange" to them. One nurse tells us that it costs 200

pesos (\$10.00) a year to attend nursing school and it is difficult to afford the tuition. We don't tell them what it costs to go to nursing school in the United States.

We have our first and only death at the MEDCAP. A four-year-old who has been suffering from bloody diarrhea and severe dehydration. She is barely breathing as she is carried by her father to the pediatric tent. The child is unresponsive and resuscitation seems hopeless from the start. Everyone does everything that is possible. The parents thank us for our efforts. A lot of things don't make sense here.

A patient arrives in the Medicine Clinic with such severe T.B. that his cavitory lesions openly drain through sinus tracts in his chest wall when he leans forward. For many, all we can offer are "Handclasp Items," a smile and gentle touch. They all thank us anyway.

On the ward we are having our first encounters with round worms and full capacity patient care. We are learning new things each day to make patient care more efficient.

In ICU, the staff is shocked to see worms being coughed up out of small mouths. On admission we "kwell" the children to kill their lice, and we discover this does nothing to fleas—except anger them!

We make the most out of liberty by shopping for baskets, purses and colorful lawn chairs. Kagayona Beach Resort is a beautiful hideaway accessible by tricycle. We learn this is one of many of the former President's private investments. A local hospital is visited by one of the ship's physicians. He sees one IV bag hung in the hall with several extensions running to different patients—one patient, a baby, lying on a mat on the floor.

Time has a new reality for us now. The "Pulse" is our only link with the world we know. We can't help but wonder if any news of us is getting back home. There are so many frustrations,

not enough time or supplies to provide the treatment that is needed. The days turn into MEDCAP days as weekends are no different than weekdays. They are all workdays.

TROUBLED DAVAO: 10 TO 19 APRIL

Capt. Kaiss, CINCPACFLT Representative, has joined the cruise and with him there is hope of more medical supplies. We have some fun with our Bull Ensign and her lost bull. Energy is high when we arrive in Davao; little do we know how drained we will be when we leave.

Davao is not the friendly port Legazpi was. We are warned that the local physicians resent our presence here. They feel we are suggesting that they are not capable of providing care to their own people. We are not allowed to leave the MEDCAP site and there will be no liberty. Private dinners are arranged for fifty crew members each night by local authorized organizations.

Again the MEDCAP is set up in a school with a big fence. We find the crowds much larger here and much more volatile. The staging area is moved to a different location each day to keep the crowds manageable. However on Good Friday, 30,000 people showed up at the staging area. Pushing, shoving, begging and people selling themselves to be seen by American doctors, suggested what was to come. A volunteer in a clinic relates that there are stories of how a paralyzed man went to the ship and walked off.

One hundred people eventually push through the MEDCAP gate. We are no longer safe. The local AFP personnel advise Capt. Sturtz that we should return to the ship. All that remains in our fortress are our supplies and the cheerful dedicated Girl Scouts who had helped us treat their countrymen.

That afternoon, the town dignitaries come to the ship for a meeting with Capt. Sturtz, Capt. Hosey and Capt. Kaiss and

assure us that we will have no further problems. We return to the MEDCAP site and everyone is alert to signs of trouble. There is gun fire and we all take cover. Meanwhile a Girl Scout Leader peers out an open window assuring us that this is a usual occurrence and just warning shots to control the people.

Twelve hour shifts are real killers, with patients you can hardly talk to. Using translators, we find it's easier on everyone if we keep everything as simple as possible.

Easter for the USNS MERCY will be remembered for a beautiful Sunrise Service on the flight deck and the day we left Davao.

ZAMBOANGA, THEY LOVE US HERE: 20 TO 30 APRIL

Enroute we have our first underway replenishment. Our female line officer demonstrates her semaphore capabilities and we sight whales.

We find we still have to anchor a few miles off shore, but how nice to have liberty option after a long day at MEDCAP or Ward duty.

The wards are very busy with 20 to 40 admissions and discharges on some days. The worst jobs are working the ward galley and administering eye drops to the cataract patients every two hours. We still haven't solved all our problems of ward management, but separating the NPO patients from those who can eat, keeps a neighbor from "sharing his tray." In ICU, the "NPO Club" and badges worn to the O.R. clearly identify the exclusive membership. The patients are all very supportive of each other by helping with translations and escorting one another around the ward. Many will sit together on lower bunks and talk for hours. It's not always easy to find who belongs in which bed when the O.R. calls to pre-op the next patient. When the patients know that they are being discharged in the morning, it's not unusual for them to be dressed by 0400 with pajamas over their street clothes. The ladies sing and dance by their bunks; they are so happy to be going home. Many "good-bye mums, thank-you's, we will miss you and God Bless America," are voiced as they walk hand in hand to the ship's boat which will ferry them back to shore. Enroute to shore, patients are accompanied by the ship's "rough, tough, macho" Boatswains Mates who reveal their true colors by caring, gentle handling and shuttling of all of their charges, ages 2 to 82.

This MEDCAP is on a naval base. Again our volunteers are very nice and we are lucky to have doctors and nurses to help translate for us. The crowds are much the same size, but friendly. We arrive early in the mornings and greet the new day with coffee and a view of the ocean from the veranda which provides the shade for the clinics directly below. Then, like clockwork the pharmacy is ready to dispense millions of pills, the lab analyzes and re-analyzes specimens and the radiology crew is hard at work supporting the many specialists in the MEDCAP clinics.

One of our general medicine doctors is approached at the MEDCAP gate by a woman who wants to give him her baby to take home. She says the baby is too much for her to care for since she is so poor. Another infant is rushed to the ship, septic and severely dehydrated. Jennifer is her name. A beautiful little 4-month-old child; she quickly wins the hearts of the pediatric staff. We see her mother at the MEDCAP the next day with Jennifer's twin brother who looks very healthy. There is another child about 11 months older than the twins. We now realize why Jennifer is so small; the mother is breast feeding all three children. It is hard for us to understand but we know she has no alternative. Jennifer eventually becomes a bright-eyed and playful infant. Our dietitian prepares extensive instructions for the mother and takes cases of formula ashore as we return her to the MEDCAP clinics. Before instructions can begin, the interpreter talks with the mother. She tells her not to sell the formula. We return Jennifer to her mother, who welcomes her eagerly, but we are sure she is not strong enough to survive without our continued support.

We visit Zamboanga General Hospital and are surprised to see the same clean starched uniforms on the nurses, but no linen on the beds. The patients are in their street clothes with families camped under the beds. There is almost no space between the beds and unless the patient can pay for medicine, he doesn't get any. If he can pay for one or two doses of antibiotics that is what is given. There are 60 patients for each nurse. The family provides the patient care. Our cardiologist

visits the hospital to meet with their cardiologists to teach them ultrasound techniques. The equipment had been a gift last year from a Japanese firm, but they had never used it for cardiology.

The Lantaka Hotel becomes another favorite for the crew. Sea Gypsies live in Banca boats off shore and try to sell you shells. "Real Black Pearls Mum," Ernie tells us as he takes us in his boat to Santa Cruz Island. It's a Muslim island without fresh water, electricity or phones. We will see many of these 200 villagers at the MEDCAP the next day. How fascinating to see where our patients live.

Late in the evening on 28 April, we receive six trauma patients for surgery from Basilan Island. Capt. Sturtz was ashore coordinating the delivery of medical supplies to the local hospital after a bad truck accident. There are 13 critically wounded; we transport 6 to the ship. How proud we are to see our casualty reception platform and our staff work so skillfully; these patients are getting the best care possible.

Adm. Lyons, CINCPACFLT and Adm. Lewin, COMNAVPHIL come to the MEDCAP for a "bird's eye view" and are pleased with what we are able to accomplish.

After tripping over one of the guy wires securing "ETHEL" (one of the water buffalos) to the flight deck, one of our nurses suffers hairline fractures to both arms. Luckily they can be treated with soft splints—if casts were necessary she would have to leave the ship. One of our physicians is very sick on our hospital ward with Dengue Fever. The blondes are watching their hair turn green from the chlorine in our "potable" water supply. There is a brief unexpected power outage and an anesthetist finds herself giving mouth to mouth resuscitation via an E.T. tube in the O.R., and so it continues—life on the MERCY.

The ship almost takes a mascot at the MEDCAP by the name of Zambi. She is a small canine of indeterminate background. The staff bathes, de-worms and feeds her. She begins to gain

weight and her fur begins to soften. She is noticeably stronger and her very young owner is quite delighted.

Closing ceremonies are from the heart here, as they are very pleased with the 10,000 patients we have treated. The Commo-dore from the AFP challenges the skipper to a singing contest. Capt. Sturtz gives it his best, but Col. Hood saves the day with his rendition of "Down in the Valley." The roast pork and beef, as well as various dishes wrapped in coconut leaves, are eagerly consumed by the MERCY crew while watching native folk dancing, called "Tinnickling." Muchas Gracias, Hasta La Vista, Salamat po!!!

The U.S. Embassy in Manila warns Americans against travel in the Philippines. North and South Luzon, the island of Mindanao and Samar are considered areas of great unrest. Heavy fighting is reported on Mindanao's Zamboangan Peninsula where 600 communist guerrillas attacked a relay station.

PUERTO PRINCESA—THE HOTTEST PORT SO FAR: 1 TO 10 MAY

Puerto Princesa is lovely. The MEDCAP site is back in a school and again we deal with excessive heat and humidity. Our advance party of scouts once again had our best interests in mind when selecting the site. Fortunately, they worried about our bladders too, and gave careful advice to provide make-shift "comfort room" facilities. A frequent MEDCAP Dilemma: Is heat exhaustion and dehydration really worse than forcing fluids and a trip to a MEDCAP head? After the work day we can take a tricycle to Raffles hotel, a welcome oasis for the hot and exhausted staff. There are many restaurants to try and one is even in a tree house. The Vietnamese village has a charm all its own. We are told the small boat sitting on the shore carried as many as 80 people in search of a better life. We wonder what these people feel when they see an American in uniform.

Snorkeling, visits to jungle tribes like the Bataks, an underground river trip, Cafe Puerto, and White's Beach will hold many fond memories of liberty for the crew.

Best of all, on the ship the staff are on eight hour shifts. The S.O.P.'s and routines are all well in place. The AFP nurses give pre-op and post-op classes to the patients and everything is running smoothly, even with the 20 to 40 admissions and discharges a day. The new schedules are a great boost for everyone's morale. At the MEDCAP, T.B. is still the major disease seen. Leprosy, too, continues to be seen frequently. A jeepney tricycle accident again puts our emergency skills to the test. This time a crew member is injured. His date has severe facial fractures, and she was the recipient of our oral surgeon's fine work. Sadly, another passenger dies on the pier.

We celebrate Mother's Day at this port and the 79th Birthday of the Navy Nurse Corps. The Nurse Corps flag flies with the American flag in honor of the occasion.

FAST PACED CEBU: 12 TO 20 MAY

Our first taste of big city life in the Philippines. Taxi cabs and San Miguels are thirty pesos. There is a fine hotel, the Cebu Plaza, that makes the fifty minute boat ride to the shore worth an overnight or two. Swimming pools you can swim in, drinks you can drink with ice and a casino. It's easier to gamble with "Funny Money." We are using our Helo more for staff transport, saving the ships utility boats the extra trips. One extra trip ended up on a reef in the dark, with the boat crew in waist deep water trying to pull the boat back into the channel. The sea urchins on the reef were not very friendly. Some great shopping, even at the pier. "Hello Joe—this is your MERCY ship painted on this big conch shell. I'll put your name on it and you pick up tomorrow?" Magellan certainly didn't get such a reception. But then, they didn't know he was coming. C&W novelties, Cebu guitars for \$11.00, Robinsons and White Gold department stores are explored. Heaven for a pent-up ship's crew who had only baskets and blow guns to select from in other ports. Our education department once again outdid themselves accommodating and providing all the classes requested by the local hospital. Local health care professionals toured the ship daily and spent hour after hour consulting and learning new techniques from the O.R., Anesthesia and Surgery staffs. They are overwhelmed by our technology and impressed with our expertise. We are so proud of ourselves and our ship!

Dr. William E. Mayer, Assistant Secretary of Defense for Health Affairs, comes for a visit. We know he is directly involved in the hospital ship project. We are pleased with his positive reaction to our efforts.

Only one more MEDCAP port to go. Plans are being made for the South Pacific and for some to depart for home. How fast the time has gone. What a team we have become. How much we will miss those who will be leaving the crew. We have had to say so many good-byes to our "JPTERS" (just passing throughers) throughout the mission. In just the two short weeks that they are a part of the team, strong friendships develop. We realize how hard it will be to say our farewells at the end of the cruise.

17 May 1987, the USS Stark is struck by an Iraqi missile in the Persian Gulf. Thirty-seven die. How vulnerable we are so far from home.

CALBAYOG, MISSION ACCOMPLISHED: 20 TO 29 MAY

The most impoverished city of our trip. There are three hotels in town, but the roaches and fleas deter even the MSC crew from staying on shore the first night. Preventive Medicine begins work once again, fumigating popular areas for the crew's liberty. The Bagasby Beach is dirty and the ocean water has a foul smell. All the locals swim in their street clothes like everywhere else we have visited. But oh, the people!! So warm and delighted that we have arrived. Our supply officer has a number of relatives here and they are eager to see their "huge" relative from America. San Juaquin and Seaside are the best restaurants in town. The ABC Disco becomes the hangout after MEDCAP. Cockfights are Sunday afternoon entertainment here. Better yet, roaming the streets with a camera is great fun as everyone crowds in to be photographed. "Two shots here, Mum!"

The MEDCAP site is an old school, once again built much like an oven—constructed of tin and cement. Again we "bake," until the afternoon rain cools us off and turns the hot dust into steaming mud. Staging is done in the town church, complete with bats hanging from the ceiling. We still face the problems of local politics. Friends of officials are getting first priority, etc. Some of the crew try to impress upon city officials that we are here to treat the poorest patients first. Everyone is getting tired.

25 May—Memorial Day and the flag flies at half mast. We are sure this day has new meaning for us all, as we remember other shiploads of Americans in these waters in times past.

The city is very thankful and we have "only" two hours of closing ceremonies. Brownouts further prolong the festivities

and the heat is oppressive without electricity to power the fans.

62,000+ patients seen, 2000+ major and minor surgeries performed, 42,000 teeth are pulled. We know this is not the mission accomplished, we also know there is a lot more than local politics involved and it will be a long time before we will know the impact of our mission, in our lives and theirs.

As we say good-bye to the AFP Medical Personnel who served alongside their American counterparts, the tears flow freely. We know that in each and everyone of us there is a personal achievement that cannot be quantified. We learned that together we accomplished the task at hand; that MSC, AFP, U.S. Army, Air Force, Navy and Public Health Services combined energies and talents to change the lives of so many people.

SUBIC AGAIN, A FINAL ENCOUNTER: 29 TO 31 MAY

We didn't man the rails but we had our first official welcome. We were greeted by the Negritos performing a tribal dance, complete with the sacrifice of a chicken. The brow went down and moments later the crew was running down the pier. Such freedom—to be independent of liberty boats to go ashore. How different it feels to walk the streets of Olongapo now. We don't feel intimidated by a foreign culture, and the poverty isn't as striking. Somehow the picture is familiar, and we realize we cannot place our standards and values on these people. Everywhere we have been, the Filipino people seem happy and accepting of their quality of life.

Last chance to re-supply before the South Seas and to visit the places that make Olongapo "unique." Only two and a half days to buy t-shirts, belt buckles, Hopi robes and hats. The new Esprit store at the exchange has opened just in time for our return and many of the females on the ship have all new wardrobes now. The Loot Locker opens just for us and we are all delighted with our treasures.

There are many good-byes and delayed flights for those who are departing at Subic. The delays make the leaving that much harder. Even the street vendors are sad to see us leave, as some have followed us from port to port. How strange it is to hear our names called from the street—they won't forget us.

We are honored by the Philippine Government during a ceremony at the Subic Bay Officers Club. There are many presentations, Letters of Appreciation and Plaques of Recognition. We are awarded the Philippine Presidential Unit Citation. Again, we are so proud of our accomplishments.

We're underway again. We all feel it now—the joy of being underway. The slow roll of the ship, the anticipation of another new experience, the camaraderie of all being on board together sharing shipboard life routines. Porpoise Smith continues to draw pen and ink sketches of our voyage; his exquisite talent allows us to recapture our daily activities on paper. At night we observe the Southern Cross, Scorpio and the Big Dipper from the flight deck, but this time they are viewed from a ship bound for home.

We see the bow of a ship protruding from the water and we circle to investigate. Our divers jump into action in the Zodiac raft to get a closer look. There are only twelve feet left of the Japanese fishing vessel under the water. Our Master tells us the ship probably blew up three to six weeks ago. Numerous sharks prevent underwater dives, some photographs are taken and we resume our course.

6 June—We have passed the equator. The MSC crew discuss their memories of a world forty-four years ago on this D-Day anniversary. Movies on the closed circuit TV depict the invasion of New Guinea and the significance of the Admiralty Islands, Guadalcanal and the Coral Sea. These names all have new meaning for this American ship on a peaceful mission.

Fiji has fallen to a new government. Again uncertainty fills our mission. Will we continue with our plans? How will this affect our medical teams going to Kimbe, Manus, Vanuatu, the Solomons, Tonga, Kirabati? How are our families in the states handling all of this news of unrest in the Philippines and now Fiji, too? We hope they know we are safe and are on our way home!!!

THE SOUTH PACIFIC—A NEW MISSION? 1 TO 18 JUNE 1987

On board, we welcome nurses and doctors from New Guinea. We are teaching once again. The nurses request classes on spinal cord injury, cancer, anesthesia, fractures and ward management. The classes are given and we discover that we are worlds apart medically. We hope the information will be useful to them. Asians, Melanesians, Micronesians, Indians and Polynesians—we have worked with them all. We hope we had a positive effect on their medical communities and we know that the friendships we made may hold the bigger impact.

We anchor in Simpson Harbor, Rabaul, Papua, New Guinea. Actually, we are on the island of New Britain, surrounded by seven volcanoes, anchored in the crater of an active volcano. We learn Rabaul has had several volcanic eruptions. Only fifty years ago 500 people were killed. The continuing threat is ever present in the minds of these people. Rabaul was an important military base for the Japanese in World War II and the island is a honeycomb of tunnels where the Japanese lived underground.

New Britain is a beautiful tropical island, dense with coconut palms. The natives are shy but friendly, with reddened mouths stained from beetle nuts. Many speak English and we are impressed with the pidgin English in vogue. Our first contact with Australians is made and they explain that since the independence of Papua, New Guinea in 1975, progress on the island has slowed, by Australian standards. Beetle nut chewing is often to blame. Much of New Guinea is still unexplored. Only thirty years ago a new tribe was discovered and no one really knows if cannibalism is still a practice. In the event it is, some of us bought local cookbooks which include the "how to's" for cooking of some body parts. One crew member even

sent one to her sister who is a home economics teacher.

We are invited by the local Nonga Base Hospital to give classes to the nurses and doctors. Lectures are presented every day. Topics include critical care, triage, physical assessment, neonatal care, child abuse, psychiatric disorders, medical and dental updates, operating room supervision, monitoring, EKG's, the use of medical equipment and audiovisual training aids.

Our medical detachments return from the Solomons, Vanuatu, Manus and Kimbi. It is great to be home! Our cramped berthing compartment looks like a palace now! Even our Navy showers are great—at least we have water pressure! And the O.R. crew is thrilled that they no longer will be operating Kimbi-style—barefoot!

Lap-Laps are a big hit with all—including our macho divers. The New Guinea Club welcomes us and sponsors several evenings of entertainment. An unforgettable fire dance with elaborate costumes, tribal chanting and dancers running through the bonfire is a treat for all. "SP" at the Yacht Club replaces San Miguel as the cool one, but at a much higher price. The dollar is no match for the Kina and we find everything very expensive. This does not stop our avid shoppers from obtaining locally carved elaborate face masks. Some are said to house evil spirits.

Tours take us deep into the jungle, to the top of Matupit crater, to orchid farms and hot springs. An invitation to run in the Hash House Harrier race finds us stepping over bombs still buried in the ground from WWII. We were told to tread lightly.

Our Preventive Medicine staff and several nurses visit outlying villages to help the New Guinea Public Health Service with malaria screening. 40% of the children have malaria and over 800 are tested by the MERCY crew. We learn how field surveys are accomplished, as we watch one of the members

of the team "catch" the deadly anopheles mosquitoes. He uses himself as bait, waiting until after they land on his skin before snatching them up. Our medical teams find Duc-Docs, the spiritual leaders, most unusual in their striking headdresses and the natives find our helo landing in their villages "out of this world." We bring much needed building supplies to their village.

Fijian medical students join us on the ship and we are enroute to Fiji. Father's Day is celebrated, the ship is cleaned once again, reports from returning medical teams are compiled and plans are made for the Tiger Cruise. We are saddened when Capt. Sturtz must depart for home on emergency leave.

FIJI—ANOTHER LAND IN CONFLICT

23 TO 27 JUNE

With only a small channel to follow, entering this harbor is quite a challenge. Strong winds compound the challenge. How lucky we are to have Capt. Hosey at the helm!!

Suva, the capital of this Pacific Paradise, finds itself in the throes of political confrontation. Six weeks prior to our arrival, the newly-elected Prime Minister representing the Indians was arrested. Although there has been no open hostility, we are hesitant to enter a country in conflict. Since the coup, Fiji tourism is almost non-existent and the Fijians are pleased to see us. The vendors meet us eagerly as we exit our glass bottom liberty boat. There are many nice restaurants and shops. The American dollar comes out a little stronger and t-shirts, jewelry and baskets are on-loaded by the dozens. One souvenir that stands apart from all the rest is the fifty-four pound teak crocodile which is on display in the ship's ICU.

We have the traditional ship's party for the MERCY personnel at the Travel Lodge. The divers are the door prizes. Why are all the winners women? Tours to Orchid Island and Pacific Harbor expose us to Fijian culture. Scuba diving and snorkeling reveal the most outstanding coral reefs in the world. One hotel offers to cook up the fish we catch and we enjoy a superb lunch of coral trout and cod. We spot sharks and we exchange our reactions to these "close encounters."

Our doctors are invited to speak at the War Memorial Hospital at the Fiji School of Medicine. Skin diseases, infectious process, burns, ophthalmology disorders and disaster planning are presented.

On our last day, the remaining medical teams return to the ship and we learn about the special difficulties small island countries face. Lack of communication, minimal transportation, and far away governing bodies, coupled with the high prevalence of T.B., venereal disease, a 92% Hepatitis B rate, and a 100% herpes rate combine to create an almost impossible situation. Average life expectancy is 50 years with an infant mortality rate of 37%. There is almost no refrigeration or electricity and without a system of disposing of human waste, the beaches are a severe health hazard. Our teams spent many hours over several days getting from island to island. C-130's and webbed seats are most uncomfortable, especially after seven hour flights! Many of the local flights are not scheduled and won't run if there are not enough passengers. One of our doctors had his doubts when the pilot in Vanuatu handed him a screwdriver to pound on the ceiling after boarding the plane. The engine wouldn't start and the relay switch for the starter was above his head. The problem seemed to be a missing screw. What good luck it was to find an appropriate replacement screw in an ashtray of a landrover owned by an onlooker! Four hours later the plane was ready for take-off from the grass field.

Once at a final destination, many of the medical teams found they were not expected and had no place to sleep. On Vanuatu the first night was spent at a government house. Having missed several meals throughout their travels, our crew members bought some groceries. The rats, who were also spending the night in the government house, were equally as hungry!

As our teams prepare their "after action" reports describing the medical needs of these islands, we wonder if there will ever be any improvement. The majority of these countries are totally dependent on foreign aid and it is difficult to know what kind of aid will really be of benefit. Time almost stands still in this part of the world.

With every passing day, and exposure to these lands, we feel more and more like Dorothy—"There's no place like home, there's no place like home, there's"

HEADING HOME AND "CROSSING THE LINE": 27 JUNE TO 7 JULY

We leave the Fijian Harbor under blue skies and calm seas. It is hard to believe our next stop will be in our own country—Hawaii. How much we have missed our country!

We have more good-byes, this time to our helicopter crew. They will ride the USS SPICA home to Guam. Two helos join our own and together they fly supplies to the SPICA. The talent of our flight crew is obvious once again as we watch these three air ships maneuver. Applause and cheers accompany the good-byes, as LCDR Bill Okrepkie "waves" good-bye to us with the helo. We know "USNS MERCY" will be replaced by another emblem on our helo's side when she is assigned to a new ship, but this chopper and crew has made an indelible mark on us all.

"HEAR-YE, HEAR-YE! You are entering the domain of Neptunus Rex and you are hereby ordered to 'heave to' for the reception of the royal party. All Pollywogs are to appear before the Royal Court for trial," Davy Jones commands, and so it begins. First the Pollywogs, reluctant to be initiated, show their wrath by kidnapping the Shellbacks. We are to start at noon the day before initiation. By noon, all the Shellbacks are hiding out. That is, all except Capt. Hosey. We find him in the ward room. Ltjg Rothacker trades collar devices with the Master and assumes command of the ship. We spend the rest of the day finding Shellbacks, tying them up, hosing them down and covering them with garbage. By 2000 everyone is exhausted and all the Pollywogs are afraid of what is in store for them the next day. Since there are only 70 Shellbacks and 400 Pollywogs, our only hope is that they won't have the energy to inflict as much individual punishment. We have a fashion show and discover many hidden talents (tendencies) in the contestants.

Most of the men on stage swear they have never dressed as females before, however, the cat calls from the audience are sincere. We plan our initiation costumes, complete with foam knee pads. Our clothes are to be worn backwards and inside out. By 0300, several Shellbacks come down to female berthing to collect their "Wogdogs." One Shellback even has "twin pups" and these two nurses find themselves on all fours, tied together. The costumes are great and the energy high. Up we crawl to steel beach, but there is no sun shining at this hour. We are paddled and watered down. From there we head to the galley for food throwing. We are thankful the food is fresh and not the garbage we used on the Shellbacks yesterday. But what is that terrible smell? It permeates the ship and we all wonder how we will ever clean this up. We are sure this will be the real punishment later. Then we wait in a long line going up the ramp to the flight deck. Covered with food and cold from being hosed down, we try to discover what is causing that horrible smell. Fish oil and what? It can't be any food substance we've ever encountered before. On the flight deck some of us are made to swallow a special potion. There is a trip through the garbage chute and a roll to the Royal Babies. Here they rub your face into their bellies covered with a red "Goo." Finally we appear before the court. Cdr. Labow and Capt. Glass are dressed as the King and Kingess Neptune. Some of us do not pass without being sentenced to a cage for more food throwing. Then there is a dunking in a trough of who knows what, and at last a dunking in the "cleansing bath." When you are the 400th Pollywog to hatch, however, the bath is not very "cleansing." It looks like we all passed and we are now Golden Sons and Daughters of Neptune. 30 June at 0904, we pass the equator at the International Date Line. Well, that is not exactly the end. The conglomeration of food stuffs in our hair takes up to ten washings to come clean. No Navy showers for these washings!! We are sure we have used the water supply for the remainder of the trip. The ship is next in line for clean up. In the course of five months we have noticed many strange odors on and off the ship; however, the combination of fish oil and protein foam used in firefighting (and in this case, Shellback initiation) is by far the worst.

We are pleased to see that our PPD's are negative and our thoughts return to home. Classes are presented on how to adjust to changes that have taken place in our families. We can even expect the need for a cultural readjustment in our own country. Time stood still for us at home and we have six months to catch up on. Anticipation and nervousness can be felt in the crew as we near Hawaii. We have our first "Channel Fever" experience.

July 4th! What a fitting day to arrive in the United States. We man the rail at 0630. By 0700 we pass the Arizona Memorial and render honors. RADM Sturtz rides the pilot boat out to rejoin us and we offer our congratulations for his new star. Hula girls greet us at the pier and Adm. Lyons addresses the crew with a BRAVO ZULU. The MERCY looks like she is smiling now, with an enormous blue and gold lei affixed to her bow. The Tigers rush to greet their loved ones, while the rest of the crew plan their liberty in Hawaii. This is not an easy time, as again many crew members will be detaching the ship. The Tigers and customs inspection party members feel like outsiders—another group of "JPTERS."

There is an open house and over 4,000 visitors pass through the ship. For those without the duty, Waikiki Beach is very entertaining. Hunauma Bay, Makapuu Beach, great restaurants and night life confirm Hawaii as a top vacation spot.

CHANNEL FEVER: 7 TO 13 JULY

Underway for the last time, but with many new faces. Over 100 Tigers are onboard and orientation begins again. Also joining the crew are those associated with the final contract trials that will be carried out prior to our arrival in Oakland. Oh well, it will occupy our time. Problems are re-looked at as we finish our 18,000 mile trip. Now the work begins for this MERCY crew: sum up the mission, the things we would like to see changed and the lessons learned are quite extensive—over 18 inches high to be exact! Many of us will be asked to speak about our experiences and Dr. Mayer asked us all to write some of our thoughts to him. We are completing the MERCY's maiden voyage knowing we did the best we could with what we had, in the situations in which we found ourselves. We trust the next crew will be able to say the same.

